

DEPARTMENT OF RADIOLOGY  
QUEEN OF ANGELS HOSPITAL

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Dr. G. Nicola

NAME: ELLACURIA, ALOYSIUS C.M.F.  
DATE: 12/15/76 ROOM: 843  
X-RAY #: 3-61-08

RADIOLOGICAL CONSULTATION AND REPORT:

GALLBLADDER

Examination by oral contrast media method including compression spot films reveals the gallbladder to concentrate well. It is of average size and shape. There is no evidence of biliary calculi.

Conclusion: NORMALLY CONCENTRATING GALLBLADDER SHOWING NO CALCULI.

UPPER G.I. SERIES

Preliminary film of the abdomen shows isolated barium-filled diverticula to the colon.

Examination revealed the esophagus to be normal in course and in calibre. No hiatal hernia was seen.

The stomach was of the high transverse type. The mucosa appeared to be intact.

The duodenal bulb filled and emptied readily. No ulcer crater was seen. The duodenal loop was unremarkable.

A delayed film showed progression of the barium meal to the proximal small intestine.

Conclusion: NO ORGANIC ABNORMALITY IDENTIFIED IN THE ESOPHAGUS, STOMACH OR DUODENUM.

SRP/dk  
12/15/76

G.B.:U.G.I.

S. Ross Pirruccello, MD

*S. Ross Pirruccello*



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ELABORATE, ALLOYSTE C.H.F.  
12/15/78  
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C. C. Nichols

GALLBLADDER

Examination by oral contrast media method including compression spot films reveals the gallbladder to be concentrated well. It is of average size and shape. There is no evidence of biliary calculi.

Conclusion: NORMALLY CONCENTRATING GALLBLADDER SHOWING NO CALCULI.

UPPER G.I. SERIES

Preliminary film of the abdomen shows isolated barium-filled diverticula in the colon.

Examination revealed the esophagus to be normal in course and in caliber. No distal hernia was seen.

The stomach was of the high transverse type. The mucosa appeared to be intact.

The duodenal bulb filled and emptied readily. No ulcer crater was seen. The duodenal loop was unremarkable.

A delayed film showed progression of the barium meal to the proximal small intestine.

Conclusion: NO ORGANIC ABNORMALITY IDENTIFIED IN THE ESOPHAGUS, STOMACH OR DUODENUM.

2. Ross Fitzpatrick, M.D.

C.D. M.D. 1.

SRVAK  
12/15/78



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DATE: 12/26/76 ROOM: 945  
X-RAY #: 3-61-08

RADIOLOGICAL CONSULTATION AND REPORT:

CHEST

Examination consisting of one view at the bedside reveals both lungs to be clear, well aerated and without evidence of changes to indicate an active pulmonary process.

The heart shows slight enlargement. The central lung vessels are of average prominence without evidence of congestion. There is no pleural effusion on either side.

Conclusion: CARDIOMEGALY WITHOUT EVIDENCE OF CONGESTIVE CHANGES.

SRP/dk  
12/27/76

CHEST

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3-21-58  
1975/76  
ELACUBIA, ALABAMA  
3-21-58

Dr. E. Nichols

CHEST  
Examination consisted of a view of the chest cavity both lungs to be  
seen, with a view of the heart and without evidence of changes in position  
on active pulmonary process.  
The heart shows slight enlargement. The central lung vessels  
are of average prominence without evidence of congestion.  
There is no pleural effusion on either side.  
Conclusion: CARDIOMEGALY WITHOUT EVIDENCE OF CONGESTIVE CHANGES.

12/27/76  
CHEST  
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NAME: ELLACURIA, ALOYSIUS C.M.F.  
DATE: 12/14/76 ROOM: 843  
X-RAY #: 3-61-08

RADIOLOGICAL CONSULTATION AND REPORT:

EXCRETORY UROGRAM(I.V.P.)

Preliminary film shows deformity of the left femoral head, with an associated narrowing of the joint related to degenerative changes.

Following I.V. injection of 30 cc. of Renografin 76, the patient developed a mild reaction with sneezing, and mild urticaria. No further injection was made and the examination was completed.

There was a prompt bilateral excretion and equal concentration with satisfactory visualization of the collecting structures.

There is a slight cortical defect in the upper pole of the right kidney, which may be related to either an old infarct or pyelonephritis.

Tomographic studies were obtained which showed the kidneys to be of average size.

The ureters are normal in demonstrated course and calibre.

The bladder shows a large ventral defect consistent with prostate enlargement.

There was moderate retention after voiding.

Conclusion:

NORMALLY FUNCTIONING KIDNEYS BILATERALLY.  
LOCALIZED CORTICAL DEFECT IN THE UPPER POLE OF THE  
RIGHT KIDNEY, POSSIBLY RELATED TO CHRONIC INFLAMMATORY  
DISEASE.  
PROSTATE ENLARGEMENT WITH BLADDER RETENTION.

SRP/dk  
12/14/76

I.V.P.



Dr. G. Nicola

ELUABRINIA, ALOYSIUS G. J. F.  
12/11/50  
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Fluoroscopic film shows deformity of the left femoral head, with an associated narrowing of the joint related to degenerative changes. Following 1.5 cc. of iodoplatin 70, the patient developed a mild reaction with sneezing, and mild urticaria. No further injection was made and the examination was completed. There was a prompt dilatation of excretion and equal concentration with satisfactory visualization of the collecting structures. There is a slight cortical defect in the upper pole of the right kidney, which may be related to either an old infarct or pyelonephritis. Tomographic studies were obtained which showed the kidneys to be of average size.

The ureters are normal in diameter and no dilatation or obstruction. The bladder shows a large vesical diverticulum consistent with prostatic enlargement.

There was moderate retention of contrast material in the right kidney. The left kidney showed a moderate degree of hydronephrosis. The ureters are normal in diameter and no dilatation or obstruction. The bladder shows a large vesical diverticulum consistent with prostatic enlargement.



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DATE: 12/16/76 ROOM:  
X-RAY #: 3-61-08

RADIOLOGICAL CONSULTATION AND REPORT:

LUMBAR SPINE/LUMBOSACRAL SPINE

Examination consisting of multiple projections shows good general vertebral alignment. A portion of the lumbar spine is obscured by some barium filled diverticula of the descending and sigmoid colon.

The lumbosacral joint space appears relatively narrow. There are moderately advanced hypertrophic degenerative changes as evidenced by marginal hypertrophic lipping throughout the lumbar and the lumbosacral regions.

Subchondral sclerotic changes involve the articular facets of L3 - L4 through L5 - S1.

Degenerative changes also involve the sacroiliac regions.

Conclusion: NO EVIDENCE OF FRACTURE OR DISLOCATION.

MODERATELY ADVANCED HYPERTROPHIC DEGENERATIVE CHANGES

PELVIS & LEFT HIP

Examination consists of AP and both oblique projections of the pelvis including AP and lateral projections of the left hip, and they show the following:

There are degenerative changes of the left hip as evidenced by narrowing of the joint space and evenation of the adjacent articular surfaces. Subchondral sclerotic as well as cystic changes involve the articular surfaces and head of the femur. The right hip appears to be intact. A portion of the pelvis is obscured by barium in the colon.

Conclusion: NO EVIDENCE OF FRACTURE OR DISLOCATION.  
DEGENERATIVE CHANGES OF THE LEFT HIP.

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Lumbar/Lumbosacral spine: Pelvis & left hip  
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DATE: 12/14/76 ROOM: 843  
X-RAY #:

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RADIOLOGICAL CONSULTATION AND REPORT:

CHEST

Examination consisting of two projections shows the heart to be slightly enlarged.

No pulmonary congestive changes are seen.

There is a nodular density measuring approximately 6 mm. in diameter. In addition, there is a second poorly defined density in the right lower lung field, projected over the posterior aspect of the 8th rib. They are not identified in the lateral view. Oblique studies with markers on the nipple shadows and/or Tomographic studies would be helpful in the further evaluation.

Conclusion: CARDIOMEGALY.

NODULAR DENSITIES PROJECTED OVER THE LOWER LUNG FIELDS ON BOTH SIDES, DESERVING FURTHER EVALUATION, AS COMMENTED ON ABOVE.

SRP/dk  
12/14/76

CHEST

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ELIAS, ALONSO  
12/14/76

Dr. Nicola

CHEST

Examination consisting of two projections shows the heart to be slightly enlarged.

No pulmonary congestive changes are seen.

There is a nodular density measuring approximately 6 mm. in diameter. In addition, there is a second poorly defined density in the right lower lung field, projected over the posterior aspect of the 8th rib. They are not identified in the lateral view. Oblique studies with markers on the nipple shadows and/or tomographic studies would be helpful in the further evaluation.

Conclusion: CARDIOMEGALY.

MODULAR DENSITIES PROJECTED OVER THE LOWER LUNG FIELDS ON BOTH SIDES, DESERVING FURTHER EVALUATION, AS COMMENTED ON ABOVE.

2. Loss of lucency, 12/14/76

CHEST

12/14/76  
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DATE: 12/1-76 ROOM: 843  
X-RAY #: 3-61-08

RADIOLOGICAL CONSULTATION AND REPORT:

BARIUM ENEMA

Preliminary film of the abdomen reveals degenerative changes of the lumbar spine, and advanced degenerative arthritic changes of the left hip joint.

High Kv, thin barium suspension and multiple compression spot film technique were used. On fluoroscopy, the colon filled readily from the rectum to the cecum. No unusual irritability or spasticity of any segment of the colon were observed.

The review of the compression spot films and survey films reveals numerous scattered diverticula involving the sigmoid and distal colon. There is no radiological evidence of diverticulitis. The mudoosa wherein visualized on postevacuation film is not remarkable.

Conclusion: DIVERTICULOSIS.

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RADIOLOGICAL CONSULTATION AND REPORT:

BARIUM ENEMA

Examination using thin barium suspension and High Kv technique, revealed no obstruction to retrograde flow of barium from rectum to cecum. There was reflux filling of the terminal ileum.

Review of fluoroscopic and conventional radiographs revealed numerous diverticula in the descending and the sigmoid colon, with a few scattered throughout the proximal colon. In addition, there is a persistent polypoid filling defect measuring 1.8 X 3 cm. located in the distal sigmoid colon. This appears to be of sessile type. The possibility of neoplasm is suggested.

In addition, there is a smaller filling defect located in the terminal ileum, which measured 7 X 10 mm. This, however, is seen in only the one projection. A satisfactory evacuation was obtained.

In the evacuation film, there is suggestion of a second filling defect in the rectosigmoid region. The areas in question are within reach of endoscopic examination.

Conclusion: PERSISTENT FILLING DEFECT IN THE DISTAL SIGMOID COLON WITH SUGGESTION OF A SECOND DEFECT IN THE RECTOSIGMOID REGION.

POLYPOID FILLING DEFECT IN THE SMALL INTESTINE SUGGESTIVE OF A POLYP.

DIVERTICULOSIS OF THE DESCENDING AND THE SIGMOID COLON.

SRP/dk  
12/14/76

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ALCOHOL, ALCOHOL, ALCOHOL  
12/14/70  
7-01-02

Dr. A. Nicol

Examination using thin barium suspension and high X technique revealed no obstruction to retrograde flow of barium from rectum to cecum. There was reflux filling of the terminal ileum.

Review of fluoroscopic and conventional radiographs revealed numerous diverticula in the descending and the sigmoid colon, with a few scattered throughout the proximal colon. In addition, there is a persistent polypoid filling defect measuring 1.5 X 3 cm. located in the distal sigmoid colon. This appears to be of sessile type. The possibility of neoplasia is suggested.

In addition, there is a smaller filling defect located in the terminal ileum, which measured 7 X 10 mm. This, however, is seen in only one projection. A satisfactory evacuation was obtained.

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POLYPOID FILLING DEFECT IN THE SMALL INTESTINE SUGGESTIVE OF A POLYP.  
DIVERTICULOSIS OF THE DESCENDING AND THE SIGMOID COLON.

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12/14/70  
St. Rose, Pittsburgh, Pa.



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X-RAY #: 1/4/77 ROOM:  
3-61-08

RADIOLOGICAL CONSULTATION AND REPORT:

EXCRETORY UROGRAM (I.V.P.) WITH NEPHROTOMOGRAPHY

A preliminary KUB film shows no evidence of opaque biliary or renal calculi.

Contrast is present in colon diverticula and the left abdomen,

There is a prompt appearance of contrast within both upper collecting systems.

Nephrotomography shows both kidneys to be of average size, and to be normal in contour. No structural deformities of either collecting system is demonstrated.

Both ureters are partially visualized and are unobstructed.

The bladder shadow is normal in contour with a prominent concave defect at the base of the bladder, representing an enlarged prostate.

The patient was unable to void.

Conclusion: FUNCTIONING KIDNEYS BILATERALLY.

NO PATHOLOGICAL PROCESS DEMONSTRATED TO INVOLVE EITHER KIDNEY.

NO EVIDENCE OF URETERAL OBSTRUCTION ON EITHER SIDE.

FINDINGS CONSISTENT WITH PROSTATIC ENLARGEMENT.

JEA/dk  
1/4/77

I.V.P. WITH TOMOGRAMS

John E. Aiken, MD

*John E. Aiken*



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ELLABURIA, ALBERTA - THE  
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Dr. G. A. Nicol

EXTRACT FROM REPORT (I.V.P.) WITH INTRAVENOUS PYELOGRAM

A preliminary film shows evidence of obstructive dilatation of renal pelvis.

Contrast is present in calyces, pelves and the left ureter.

There is a marked appearance of contrast within the upper collecting system.

Renal tomography shows both kidneys to be of average size, and to be normal in contour. No structural dilatation of either collecting system is demonstrated.

Both ureters are partially visualized and are unobstructed.

The bladder shadow is normal in contour with a prominent concave defect at the base of the bladder, representing an enlarged prostate.

The patient was unable to void.

Conclusion: FUNCTIONAL KIDNEY DILATATION.

NO PATHOLOGICAL LESIONS DEMONSTRATED TO INVOLVE EITHER KIDNEY.

NO EVIDENCE OF URETERAL OBSTRUCTION OR OTHER LESION.

FINDINGS CONSISTENT WITH PROSTATIC ENLARGEMENT.

John J. Allen, M.D.

I.V.P. WITH TOMOGRAPHY

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